

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Mells/FOIA</i>	<i>8-31-10</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>.1011096</i>	<input type="checkbox"/> I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Ms. Forner</i> <i>CC: Stenland, Singleton, Deps.</i> <i>Claire & g/2/10 see attached</i> <i>email response.</i>	<input checked="" type="checkbox"/> I Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>9-15-10</i> <input type="checkbox"/> I Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From: Jan Polatty
To: Brenda James
Date: 8/31/2010 1:34 PM
Subject: Fwd: Fw: Medicaid Prescriptions Plan Amendment FOIA
Attachments: Medicaid Prescriptions Plan Amendment FOIA

Please log - I've printed a copy for you - just for your files. :o)

>>> Jeff Stensland 8/31/2010 1:13 PM >>>

Brenda James - Medicaid Prescriptions Plan Amendment FOIA

From: Eric Ward <Eric@thenerve.org>
To: Jeff Stensland <STENSJEFF@scdhhs.gov>
Date: 8/31/2010 1:04 PM
Subject: Medicaid Prescriptions Plan Amendment FOIA
CC: Eric Ward <Eric@thenerve.org>

Mr. Stensland,

Pursuant to the S.C. Freedom of Information Act, I am request a copy of the S.C. Department of Health and Human Services' state plan amendment application to the Centers for Medicare & Medicaid Services regarding proviso 21.15 in the current year's state budget.

The proviso addresses reimbursement rates for Medicaid prescriptions.

As I am seeking this information in the public interest, I ask that any research and/or copying fees associated with it be waived. If any fees cannot be waived, I ask that I be informed of what those fees are prior to this request being fulfilled.

The S.C. FOIA requires that a request be responded to in writing within fifteen (15) business days or the request is deemed granted. However, in the interest of timeliness, I ask that this request be fulfilled as soon as possible.

Thank you.

Eric Ward

Eric K. Ward

Investigative Reporter

The Nerve (South Carolina Policy Council)

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Limited Government • Free Enterprise • Individual Liberty



TO:
FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$_____
Pages copied at \$.10 per page	_____ Pages	\$_____
Pages faxed at \$.20 per page	_____ Pages	\$_____
Shipping and Handling Costs		\$_____
Other costs associated with the FOIA request:	_____	\$_____
Total Amount Due SCDHHS:		\$_____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____

Date: _____

Elizabeth Hutto - Medicaid Prescriptions Plan Amendment

Jeff - 096

From: Elizabeth Hutto
To: Eric@thenerve.org
Date: 9/2/2010 11:12 AM
Subject: Medicaid Prescriptions Plan Amendment
CC: Jeff Stensland
Attachments: Form HCFA 179 SC 10-009.pdf; Public Notice SC 10-009.pdf; SC-10-009, Atch 4.19-B page 3b(original).doc; CMS 5 Questions 10-009 Pharmacy Pymts Effective 10-01-10.xls; CMS Letter SC 10-009.pdf

In response to your recent Freedom of Information Act (FOIA), we are attaching the SC Department of Health and Human Services' state plan amendment regarding proviso 21.15 in the current year's budget. This was dated August 27, 2010 and sent to the Center of Medicare and Medicaid Services (CMS) on August 30, 2010.

If additional information is needed, please feel free to contact Jeff Stensland at (803) 898-2584.

Elizabeth F. Hutto
Finance and Administration
SC Department of Health and Human Services
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